

October 2020

Department of Children and Families
SPOTLIGHT ON WHAT'S RIGHT



Commissioner's Message

October is Domestic Violence Awareness Month.

What started in 1981 as a "Day of Unity" has now evolved into a month-long series of events across the country celebrating the strength and resilience of survivors and drawing attention to the services available throughout communities.

This month's "*Spotlight on What's Right*" puts focus on two families where domestic violence has been present. The stories demonstrate how the collaborative efforts between CTDCF and community partners leads to the empowerment and

support of families.

Survivors of domestic violence can be empowered to reclaim their lives. Often, this requires help and always requires empathy and strength. The examples are all around us.

"A whole new life has been given to me and I am fiercely protective of it". Words from a Mother of four children who is now living a life filled with the joys of having her children surround her. Read about her journey and see the connections she made with the Family Based Recovery (FBR) program thru Community Mental Health Affiliates (CMHA). I have been so proud to personally watch the FBR model evolve through the Family Stability Project. This model strengthens families and redefines recovery.



A fundamental value of the Department is the belief that individuals can change - including those who harm others. It is understood that those who commit violent acts often have experienced violence themselves. Without supports, the cycle of violence will be passed onto the next generation. This dynamic is illustrated in another story where a Father prone to excessive drinking and violence, beginning in his childhood home, benefitted so greatly from a program entitled, "Fathers for Change" a component of the IPV-FAIR program.

What was the end result? A man who has learned alternative coping strategies and a family that has a new version of love for him. Most importantly, the children see their Father's efforts ... *"I am proud you are my Dad"*...enough said.





"I am proud that you are my Dad"

"I love coming home, sober, and just as important, even more important, ~ they want me home," said Oscar Miguel, reflecting back on his turbulent lifestyle of excessive drinking and violence that nearly cost him his family.

Oscar Miguel and Ana Andres Ascencio were born in Mexico and have three children ages 10.5, 6.5 and 1 year old. Domestic violence has been prevalent in the Miguel-Ascencio home, exasperated by excessive alcohol use and unresolved childhood trauma. Mr. Miguel bore witness to generations of family violence from what he explained to be a male-dominated culture. He felt that he was contributing to that culture of violence in his own role as a husband and parent, and he knew that he wanted to change the narrative and save his family.

Mr. Miguel felt defensive in most situations — as if the world was against him, and he needed to fight to be respected. These feelings created a hostile and toxic relationship between him and his children, yet, Mr. Miguel was willing to accept the help he needed to keep his family together. Department of Children and Families (DCF) social worker Peter Schiopucie said, "I quickly learned after being assigned to this case that language was a barrier. I know that to work with a family you have to make a connection, and I wondered how I would be able to make that connection if we could not understand each other."

With the help of Martha Mazon, an interpreter hired to help build a relationship between DCF and the family, Mr. Schiopucie was able to alleviate the language barrier. Most important, Mr. Schiopucie was able to see the depth of commitment this family had to working through their issues. According to Mr. Schiopucie, "As the weeks passed, and during one conversation with Dad, he told me that he is so happy and feels that his relationship with his wife and even his children were getting better."



Mr. Miguel recalled a turning point when his son told him, "You are a different person and I am proud that you are my Dad."

Mr. Schiopucie said, "Dad did all the work," adding that DCF and the intimate partner violence (IPV) service provider were "just here to provide the support and guidance they needed." Mr. Schiopucie noted that this case came to the Department right as the COVID-19 pandemic was distancing people from one another and creating stress for even the healthiest of families. However, what could have been devastating for this family was, in reality, an opportunity to focus and change the narrative. Mr. Miguel acknowledged that arguing and physical aggression were his way of dealing with family situations that caused him to feel uncomfortable. With intensive work through the IPV service providers and DCF, he focused on sobriety, learned how to improve his communication skills with his wife and children while also learning to set shared goals and co-parent his children. He developed skills and an understanding of the value of family, learned to establish trust with his wife and children, and find healthy ways to deal with stress.

Mr. Schiopucie said, "The family worked through the pandemic with the IPV team, both parents learning at their own pace but feeling stronger and better about their relationship as the days went on. The Department was even able to assist the family with their financial issue and provided food and diapers for the baby — as father was not able to work during the pandemic and the family did not qualify for any financial assistance."



The family's clinician, Nicole Lapointe, IPV-Fair, from the Child Guidance Clinic for Central CT, Inc. said, "This family deserves everyone to know how hard they worked." IPV-FAIR generally lasts six months. For families whose fathers want to engage in treatment, it incorporates a component called Fathers for

Change, which uses the fathers' desire to connect with their children as motivation to change patterns of intimate partner violence and improve physical and emotional safety in the home.

"The program extended their time with the family because of COVID-19, however, the families engagement made it easy to continue the work," Ms. Lapointe said adding that the interpreter and Mr. Schiopucie created a powerful network for this family.

"Ana and Oscar started the program shy and unsure", explained Ms. LaPointe, which was made only more difficult due to the language barrier. "They both opened up and trusted in the process and were able to follow through the program to a very successful close despite all of their challenges. They were engaged, and their attendance was excellent throughout."

When establishing goals in the beginning of the program, "Oscar had no problem specifying what he wanted to focus on within the anger, communication and parenting categories," said Ms. LaPointe. "His most important goal was that he wanted to learn about what made him angry, and skills to manage those triggers." Ms. LaPointe added that Oscar wanted to learn how to communicate better with Ana and with his children to be a better father.



Ana's big goal was communication. According to Ms. LaPointe, "She identified struggling with communication and wanted to learn how to communicate her feelings, resolve arguments and co-parent better. She also created a goal around understanding emotions, building awareness of her anger and building her confidence in herself."

"Oscar's restorative father-child session was the most heartwarming therapy session I have had thus far," said Ms. LaPointe. The Fathers for Change program ends with the father writing a letter to his children. The dad then reads the letter to their children and asks if they have questions, "Oscar put thought into his letter, was open about how nervous he was, and how important healing his relationship with his children was," Ms. LaPointe shared. "Oscar came to the session that Thursday stating he was so nervous he barely slept, and that he had been practicing out loud all week as he was nervous about being able to read through the whole letter." He read the letter to his children in Spanish while the interpreter and LaPointe sat as observers. Despite the language barrier, Lapointe said that she could hear the emotion in his voice "as he apologized to his children for his violence, explained what he learned with me, and the future he wanted with them." He read his letter despite his tears and his voice breaking. "Oscar was crying, the interpreter was crying, his kids were crying, and so was I", said LaPointe.

Oscar said the words "I love you" to his children in that letter multiple times. "And I sat there as the clinician knowing that he had never had the confidence to say that to his children before, and share his love openly with them, due to how he was raised and the lack of confidence. It gives me goosebumps thinking about it," Ms. LaPointe said.

Carmen Figueroa, a member of the IPV –FAIR team, utilized the Circle of Security (COSP) protocol with the family, as well as significant case management. Both Ana and Oscar attended sessions describing how excited they were to use the skills

they learned in COSP, often with a sense of wonderment that they could see and understand the concepts that were explored in session. Ms. Figueroa said, "The family was motivated to change and provide a healthier environment for their children. We provided the tools, but they did the hard work."



Ms. LaPointe said, "I enjoyed our work together and the changes I could see happening before me. They worked HARD. But, as I told them, I was very excited to release them into the world to become even better parents and improve their relationship patterns even more. A huge success for IPV-FAIR. I hold this case close in my heart."

When Mr. Miguel was asked to share words of advice to another dad, struggling with the same issues he once had, he eagerly offered, "I would gladly tell any father that it is never too late to fight for your family. Please, look at me as an example. Look around at what is happening to your family. Your actions are affecting everyone around you. Look, seek help, understand what is causing the problem and accept that there are issues we all need to work on."

Ms. Ascencio is now taking a computer course to help her children with distant learning responsibilities while Mr. Miguel is cleaning the house and cooking. The two are co-parenting their children, utilizing the skills they learned through the dedicated IPV-FAIR team, and sharing their day to day life together.

With the memories of rage, violence and alcoholism behind them, the commitment to each other and their children has taken front and center. Ana and Oscar's new reality is life filled with love, understanding and confidence that they can meet life's challenges together for the better of the next generation.



"A whole new life has been given to me and I am fiercely protective of it"

"It was a blessing in disguise," said Ashley May Williams, who found herself hospitalized due to acute pancreatitis caused by many years of heavy drinking. "The pain was unbearable. I begged the nurses to help me. I could no longer carry on as I was." Ashley told her nurses that she had four children at home, an

emotionally abusive marriage and drank alcohol excessively to numb her pain. Now, alone in the hospital, feeling isolated from her extended family and friends, she was on a "very dark path." What initially felt like a betrayal "actually saved my life", she explained. The hospital contacted the Department of Children and Families (DCF) for support based on Ashley's self-disclosure of alcohol dependency and a positive toxicity screen for marijuana. Ashley said she was "petrified when DCF got involved." However, her childhood trauma and mental illness, along with a 13-year abusive marriage, made her view alcohol as her only saving grace.

Upon discharge from the hospital, DCF opened a family case and provided support to Ashley through the Family Based Recovery Program (FBR) at Community Mental Health Affiliates (CMHA). Kaela Minerly, Ashley's DCF social worker said, "Ashley was wary initially to fully engage and trust in our Department's processes ... (however) she was able to share with



me the many layers of her substance abuse, including her efforts to hide it while feeling the need to use in order to cope with emotional turbulence." Ms. Minerly explained that Ashley was able to recognize the risk that her choices and dependency to alcohol posed for her children, and this motivated her to fully engage in services.

Ashley recalled with such gratitude DCF's willingness to keep her family together as well as the efforts of the FBR staff who spent many hours in her home spread over visits three times a week. Ashley said, "The more I talked to them, the more I'd uncovered things that I needed to work through." Working on her sobriety and diagnosed with Agoraphobia, an anxiety disorder characterized by a fear of situations that she believed she couldn't escape from, such as open spaces and public transportation, Ashley felt trapped. "Imagine a solid brick wall and you try to squeeze yourself through the bricks and get through the wall," Ashley described, "but it feels impossible." "FBR was instrumental in helping me to receive my medical marijuana card", Ashley said. Further explaining that marijuana for medicinal purposes has helped to alleviate her anxiety.

Despite the support from DCF and FBR, Ashley said it was difficult to face up to her situation. “I broke my own heart one night,” she recalled. “I crossed my own boundaries and compromised my values.” Ashley explained that she went out one evening with her brother and relapsed — drinking more in that one night than she ever had. She had little memory of what transpired and was horrified when she recalled bits and pieces. It was at this moment that she realized “anything that could put me at such risk of hurting myself would need to go.” She fully committed to her sobriety.



“I adored my team”, referring to Abigail, Bianca and Jess from CHMA's FBR program. Jessica (Jess) Cestaro, an FBR Program Supervisor from FBR, who worked with Ashley and oversaw the clinical team, said that Ashley “committed to her work with FBR and elected to stay involved after the 6-month plan ended. She was involved with the program for an entire year, working with the clinician in her home three times a week. She also used the weekend on-call service to help her when she was in need of additional supports.”

Ashley said her FBR team never gave up on her. They helped her to change her thinking process and work through “loads of shame.” Ms. Cestaro said, “Ashley was able to get a solid base of autonomy,” according to Clinician Cestaro, asserting herself and finding the confidence to leave a co-dependent relationship with her husband. Ashley worked on managing her complex childhood trauma and learned how to manage stress and conflict by developing healthy strategies that would have previously led her to drink.” She meditated, practiced yoga, took walks and increased her social connections with sober friends and family.



Referring to her DCF social worker, Kaela Minerly, Ashley said, “there was no judgement, just complete acceptance and understanding. ...They gave me a second chance.” Clinician Cestaro was pleased with DCF’s trust in the FBR model. “DCF built on Ashley’s strengths and collaborated with FBR every step of the way.” Cestaro felt that DCF’s confidence in CMHA's work helped Ashley to succeed. Ashley said that the longer she was sober, the more she wanted to stay sober. “I steam rolled forward,” said Ashley.

Ashley said her children are her biggest fans, calling them “my biggest supports.” Ms. Cestaro explained that “Ashley had a very solid relationship with her children coming into the program. Her sobriety helped her to feel more present, while being very aware that the consequences of her sobriety enhanced the relationship that she had with all four of her children.” Ashley vividly recalled a moment when she “escaped to the family van one night” to spend some time alone after a verbal altercation with her husband. Her 11-year daughter came outside to check on her and Ashley apologized, knowing how much the kids had been through and realizing that she would need to separate from her husband to begin the healing process. Ashley said, “This was not the life I imagined for all of you.” Her daughter’s words resonated with her: “I would rather this new life than to fall asleep and wake to find you drunk, again, downstairs”. It was then, Ashley said, “very fast, the fog cleared, and I could see everything clearly.” Cestaro added that Ashley engaged in arts and crafts with her younger children and ensured that her teens were receiving therapy. “She was very keen on knowing what her children needed.”



Ashley legally separated from her husband and began the divorce process in January 2020. She said that her sobriety made her confident, and she realized how emotionally abusive he was to her. Although she never wanted to divorce, she realized her husband wasn’t participating in the marriage or parenting her children.

She found inspiration. Proudly hung on her refrigerator, Ashley points to an old tattered piece of paper where an old poem, “Chapters of My Life” is displayed. As she explained, her life parallels the words written. Time and time again, she fell into the same hole in the sidewalk and then, finally, she had the vision and the courage to take a different path. ['Chapters of My Life' Poem](#)

Ashley, now 10 months sober, is enjoying her time as a mom of four children — two girls and two boys who range in age from toddler to teenager. “I am now so secure and so proud of myself,” she said. She said that she has an incredible support system in place with people she can call at any moment and who want her to succeed. “Her family supports her sobriety,” Cestaro explained. “They refrain from serving alcohol in her presence, and her skill set has been instrumental in assisting her own brother on his path to sobriety.” Ashley purchased her own car, is able to leave her house alone without fear of crowds and open spaces and finds pleasure in family outings and hosting gatherings in her home. She is working towards her certification to be a doula, is involved with weekly therapy, and uses a sober app on her cell phone. She practices yoga and said she is finally beginning to like herself. Taking a moment to reflect back and referring to her old self, Ashley said, “I feel for her.” She said that she wishes she could go back in time and tell herself “this is so much better.”



“I have never felt so alive or more myself,” Ashley said. Gushing with how nice it feels to be happy and in control, sitting with her kids at the dinner table, completely sober, simply “creating positive ripples” and feeling like a “cool” Mom who is fully present. “A whole new life has been given to me”, Ashley said, “And I am fiercely protective of it.”



"Fathers for Change"



The program is called "Fathers for Change." But scratch the surface, and it appears that what has really changed is how the Department of Children and Families (DCF) looks at fathers.

Linda Madigan-Runlett, who oversees the Department's intimate partner violence programs, has been with the Department for 35 years and has seen the evolution first-hand.

"For a long time, neither the Department nor society believed that intimate partner violence (IPV) primary aggressors had an ability to change," Ms. Madigan-Runlett said, adding that child protection systems across the country have traditionally concentrated efforts on working with mothers. "Child protection had primarily held the mothers solely accountable for the children's safety and responsible for the behaviors of the offender. Up until recently, the Department opened all cases in the name of the mother. The Department has made tremendous gains in recognizing the role of fathers and the resources they can bring to our work."

The Department's decade-long effort to improve how it engages fathers in its work - sometimes called the "fatherhood initiative" - laid the groundwork for changing the agency's orientation toward serving families affected by intimate partner violence. Ms. Madigan-Runlett said the fatherhood work and the Department's efforts to engage paternal relatives as resources has positively impacted the work. This new understanding of the role of fathers in the lives of their children marked a shift that opened the door to the still relatively new "Intimate Partner Violence Family Assessment and Intervention Response" (IPV-FAIR) program. The Department began using the program in 2015, which has an annual capacity to serve 320 families per year.

"Fathers for Change" is a component of IPV-FAIR that is used if there is a father in the family who is willing to engage in the treatment. If the father is unwilling, then IPV-FAIR offers a service focused on the mother and children called "Mothers and More," said Ms. Madigan-Runlett.



Fathers for Change was developed by Dr. Carla Stover, associate professor and clinical psychologist at the Yale Child Study Center, which piloted the program to local families before the Department began to fund it. Now there are six providers - one in each Department region - offering the service statewide. From January 2016 to February 2020, 373 father/mother pairs were referred by Department IPV Specialists in each regional office, said Dr. Stover.

The private provider in each region assigns a team consisting of a clinician and a "family navigator" who provides case management to the family. The team works with the family's DCF social worker and the family to conduct an assessment of mental health, substance use, and the severity of violence. The assessment also includes an evaluation of the children's needs, Dr. Stover said.

The clinician offers treatment addressing the violence, and the family navigator handles assistance with basic needs, support and referrals to any other services the family may need, she said. The program typically lasts four to six months, which can be extended based on family needs.

Dr. Stover said Yale Child Study is now engaged in a National Institute of Health-funded study comparing Fathers for Change to standard domestic violence offender programs. Dr. Stover said Yale is looking for 60 fathers to participate and is inviting Department staff to refer fathers to the study by contacting her at carla.stover@yale.edu. Participants will receive free access to domestic violence offender service. She said that study is expected to be completed in two years.



Dr. Stover said a recent study published in the Journal of Family Violence showed the program is effective. The completion rate for fathers was 70 percent compared to a more typical rate of 30 to 50 percent, she said. The mothers reported a significant reduction in domestic violence on an Abusive Behavior Inventory completed before and after treatment. Improvements were seen in father's emotional regulation, anger, and mother's and father's level of stress, anxiety and depression.

Ms. Madigan-Runlett said IPV services are vital for any child protection agency because of how common IPV is among families reported for abuse and/or neglect. She said the Connecticut Children's Medical Center Injury Prevention Center, which works with DCF to provide evaluation, consultation and training, conducted a study showing that between 40 to 70 percent of families reviewed in the study had IPV present. "IPV has a significant impact on the health and welfare of the entire family," Ms. Madigan-Runlett said. "Working with the entire family impacted by IPV, especially including fathers, has made a dramatic difference in their lives. We needed to be more family and dad focused."

